



SECTION ON WOMEN'S HEALTH-APTA CONSENT & RELEASE FORM

INTERNAL PELVIC ASSESSMENT AND INTERVENTION COURSEWORK

PARTICIPANT INFORMATION			
FIRST NAME	MIDDLE NAME	LAST NAME	
HOME PHONE	CELL PHONE	E-MAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE
EMERGENCY CONTACT NAME	RELATIONSHIP TO PARTICIPANT	EMERGENCY CONTACT PHONE NUMBER	

PARTICIPANT CONSENT

In connection with courses sponsored by Section on Women's Health (SOWH), I _____, hereby volunteer for and consent to the performance upon me of the following external physical therapy tests, measurements, and interventions:

PELVIC HEALTH LEVEL 1	PELVIC HEALTH LEVEL 2	PELVIC HEALTH LEVEL 3 GYNECOLOGIC VISCERAL MANIPULATION
<ul style="list-style-type: none"> Vaginal Exam External perineal and pelvic floor muscle (PFM) palpation EMG uptraining Electrical stimulation Abdominal coordination 	<ul style="list-style-type: none"> Vaginal exam Rectal exam (manual and balloon) Coccyx mobilization Myofascial release (MFR), trigger point and scars of: <ul style="list-style-type: none"> External perineal structures Hip, trunk and abdomen Pelvic floor muscles 	<ul style="list-style-type: none"> Vaginal exam Rectal exam Coccyx mobilization Myofascial release techniques EMG relaxation

PLEASE INITIAL EACH STATEMENT BELOW:	INITIAL
1. I understand procedure, indication, contraindications, precautions & consideration for these tests, measures, & interventions will be discussed during the course. I understand if I have any questions with regard to these procedures being performed on me during lab, I will ask.	
2. I understand risks associated with vaginal/rectal/perineal tests, measurements, and/or interventions are no greater risk than from a gynecologic examination and may include the following (A to E). In addition, risks of external trunk procedures are listed below (F). A. Perineal, vaginal, and/or rectal discomfort/soreness or pain during and/or following the examination B. Unexpected emotional reaction to being touched in the genital area C. Feeling of fullness or pressure in the rectum D. Urge to urinate or defecate during or following the procedure E. Risk of infection similar to that of a gynecological pelvic examination F. Trunk muscle soreness and joint soreness including the abdomen, buttock, legs, pelvic joints and coccyx	
3. I understand these tests, measurements, and/or interventions are being performed for the sole purpose of demonstration and practice by participants and are not intended to be diagnostic or therapeutic for me personally.	
4. I recognize the instructors and lab assistants who are supervising participants providing and/or performing the tests, measurements, and/or interventions will answer any inquiries I have may have pertaining to lab participation.	
5. I understand I am free to withdraw my consent and discontinue participation at any time. If I am unable to participate as a lab model I will provide a model for myself.	
6. I hereby release my fellow students, instructors, assistants, volunteers, models, the Section on Women's Health and its directors, employees, and agents, APTA, and the facility where the course is being held from any and all liability, loss, or damage arising from or in any connection with the tests, measurements, and/or interventions identified above.	
7. Below, please list all relevant physical, emotional and medical conditions, limitations, or sensitivities that may impact your participation. If none are present, please circle NONE .	
8. I affirm I have answered fully and accurately all questions about my health asked by the individuals conducting the SOWH Pelvic Physical Therapy Courses, and that I have disclosed all information concerning my health that is relevant to my participation in the SOWH Physical Therapy Courses.	
9. If I am pregnant or have had any recent surgical procedures, my physician has read the above agreements and provided signed, written consent for my participation in the lab portions of this course.	
10. I have read this Consent and Release and understand its content.	

PARTICIPANT'S SIGNATURE	DATE INITIALED & SIGNED

**Please, return the completed and printed consent form to the course instructor(s) when you check-in on Day 1 of the course. If this form is not completed and turned in by check-in, you will not be permitted to participate in the course and a course refund will not be issued for incompleteness.*